Campaign Finance Report

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Filer Identification 2012C0302 Number :							port ed B		CANDI	DATE	✓	cc	MMITTEE		LOBBYIST			
Name of Filing C	Committee	e, Candid	ate or L	obbyist:		Brya	an C	utler										
Street Address:																		
City:									State:				Zip Code	: 17	563-9	641		
TYPE OF REPORT	6TH TUES PRE-PRIM		1.	2ND FRIDAY PRIMARY	/ PRE	-	2.	30 DA PRIMA		POST-	3. X		AMENDMENT REPORT?		Yes	No	•	/
(place X to the right of	6TH TUES		4.	2ND FRIDAY	/ PRE			30 DA ELECT		POST-	ST- 6.		TERMINAT REPORT?	ION	Yes	No	•	/
report type)	ANNUAL	REPORT	7.	Year 2012					IG METH				PAPER / D			DISKE	TTE	
Name of Office S	ought by	Candida	te:			-			DATE C	F ELE	CTION		District Number	Office Code	Pari	ty Code	Coun	ty
									МО	DAY	YEA	R	100	STH	REP		36	
REPRESENTATI	VE IN IH	IE GENER	KAL ASS	EMBLY					11		6	2012		(SEE INS	STRUCTIO	NS FOR C	ODES)	
Summary of		and	МО	DAY	YEAR	l			МО	DAY	YEA	R	FOR	OFFIC	E USE	ONLY		
Expenditures	from:			4 10	2	012	Т	0	5		14	2012						
A. Amount Bro	ught Forv	vard Fron	n Last R	eport				\$				0.00						
B. Total Moneta	ary Contr	ibutions <i>i</i>	And Rec	eipts (From	Sche	dule	e I)	\$				0.00						
C. Total Funds	Available	(Sum Of	Lines A	and B)				\$				0.00						
D. Total Expend	ditures (F	rom Sch	edule II	I)				\$				0.00						
E. Ending Cash	Balance	(Subtract	Line D	From Line C	E)			\$				0.00						
F. Value Of In-	Kind Con	tributions	Receiv	ed (From So	hedu	le II	[)	\$				0.00						
G. Unpaid Debt	s And Ob	ligations	(From S	Schedule IV)			\$				0.00						
					AFF	IDA	٩VI	T SE	CTION									
PART I - If this is	s a Comm	ittee rep	ort, trea	surer sign h	nere. I	[f th	is is	a Can	didate r	eport, o	candida	te sig	jn here.					
I swear (or affirm) correct and complete		eport, incl	uding the	attached sch	edules	file	d on	paper o	or by elect	ronic m	edium, a	re to t	the best of	my knov	vledge a	and belie	ef , tru	ie.
Sworn to and subs	cribed befo	ore me this	•	20							Sig	nature	e of Person	Submitt	ing Rep	ort		_
	_	Signatu	re					- -					Printe	d Name	1			-
My Commission Ex	cpires												Email					-
		мо	D	ΑY	YR					Ar	ea Code		Daytime	Teleph	one Nui	nber		
Part II- If this is	a report	of a cand	lidate's	authorized	Comn	nitte	ee, C	andida	ate shall	sign h	ere.							
I swear (or affirm) No 320) as amende		e best of n	ny knowle	edge and belie	ef this	polit	tical	commi	ittee has r	ot viola	ted any	provis	ions of the	act of Ju	ıne 3,19	937 (P.L	. 1333	,
Sworn to and subsc	ribed befo	re me this										s	ignature of	Candida	ite			-
	day of —							_					Printed	Namo				-
		Signature						-					intea	itaine				_
My Commission Exp		J											Email					_
	_	мо	D	AY	YR			•		Area	Code		Day	rtime Te	elephon	e Numb	er	۱ ٔ

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Detailed Summary 1 age	-			
Name of Filing Committee or Candidate	Reporting	J Period		
Bryan Cutler	From:	4/10/201	<u>2</u> To:	5/14/2012
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	Period	(1)	\$	0.00
2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)				
Contributions Received From Political Committees (Part A)			\$	0.00
All Other Contributions (Part B)	\$	0.00		
TOTAL for the Reporting	Period	(2)	\$	0.00
3. Contributions Received Over \$250.00 (From Part C and Part D)				
Contributions Received From Political Committees (Part C)			\$	0.00
All Other Contributions (Part D)			\$	0.00
TOTAL for the Reporting	Period	(3)	\$	0.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)				
TOTAL for the Reporting	Period	(4)	\$	0.00
Total Monetary Contributions and Receipts During this Reporting Period (Add an totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page 1			\$	0.00

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

	this Part to itemize only with an aggregate valu	-			•				
Name of Filing Comm	nittee or Candidate		Reporting Period						
				om:) :			
		1			DATE			AMOUNT	
Full Name of Contribut	ing Committee			МО	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code (Plus 4))						
	•	•	•		•	•		DACE TOTAL	

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

PAGE TOTAL	
\$ 0.00	

ALL OTHER CONTRIBUTIONS

\$50.01 TO \$250.00

Use this Part to itemize all other contributions with an aggregate value from \$50.01 to \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part A)

Name of Filing Committee or Candi	date			Reporting Period					
			From: T			To	ō:		
						DATE			AMOUNT
Full Name of Contributor					МО	DAY	YEAR		
Mailing Address								\$	0.00
City	State	Zi	p Code (Plus 4)						
								$\overline{}$	

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

PAGE TOTAL \$0.00

PART C

Contributions Received From Political Committees

OVER \$250.00

Use this Part to itemize only contributions received from Political committees with an aggregate value from Over \$250.00 in the reporting period.

Name of Filing Committee or Candi	me of Filing Committee or Candidate		Reporting Period					
			From:			То:		
				DA	TE		Α	MOUNT
Full Name of Contributing Commit	tee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on S	Schedule I, Detail	ed Summary Pa	age, Sectio	n 3.			\$	0.00

ALL OTHER CONTRIBUTIONS

OVER \$250.00

Use this Part to itemize all other contributions with an aggregate value of over \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part C.)

nme of Filing Committee or Candidate			Reporting Period						
			Fror	n:		To	То:		
				D	ATE		А	MOUNT	
Full Name of Contributor					DAY	YEAR			
Mailing Address							\$	0.00	
City	State Zip Code (Plus 4)								
Employer Name		•		Occupation					
Employer Mailing Address/Principal Place of Business City					State		Zip Coo	de (Plus 4)	
Enter Grand Total of Part C on Sche	dule I, Detailed S	ummary Page	Section	on 3.			\$	PAGE TOTAL 0.00	

OTHER RECEIPTS

REFUNDS, INTEREST INCOME, RETURNED CHECKS, ETC.
Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Name of Filing Committee or C	Candidate		Report	ting Perio	od			
			From:			To:		
				D	ATE		AMOUNT	
Full Name				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
Receipt Description								
Enter Grand Total of Part E o	on Schedule I. Detailed	d Summary Page.	Section	4.			PAGE TOTA	ıL
		· • • • • • • • • • • • • • • • • • • •					\$ C	0.00

SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD.

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Perio	d						
Bryan Cutler	From:	4/10/2012 To:	<u>5/14/2012</u>					
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR								
TOTAL for the Reporting Pe	eriod (1)	\$	0.00					
. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)								
TOTAL for the Reporting Pe	eriod (2)	\$	0.00					
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)								
TOTAL for the Reporting Pe	eriod (3)	\$	0.00					
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page,		\$	0.00					

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidat	:e		Reporting	g Period					
			From:			То:			
				DATE		AMOUNT			
Full Name of Contributor				DAY	YEAR				
Mailing Address						\$	0.00		
City	State	Zip Code (Plus 4)							
Description of Contribution:									
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detai			ilad Sum	mary Pag			DACE TOTAL		
Section 2.	iedule II, III-KII	ia contributions Deta	iiieu Suiii	iliai y Pag	, je,		PAGE TOTAL		
						\$	0.00		

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate	ame of Filing Committee or Candidate				Re	porting	Period				
					Fro	om:		То:	То:		
					•		DATE			AMOUNT	
Full Name of Contributor					мо	DAY	YEAR				
Mailing Address								\$	0.00		
City	State		Zip Code(I	Plus 4)							
Employer of Contributor	-1		•			Occupation					
Employer Mailing Address/Principal Place of Business City				State		Zip 4)	Code(Plus	Descri	ption	of Contribution	
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.						PAGE TOTAL 0.00					

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or C	ame of Filing Committee or Candidate							
						То:		
		AMOUNT						
To Whom Paid	мо	DAY	YEAR					
Mailing Address						\$	0.00	
City	State	Zip Code (Plus 4)	Descri	ption of Ex	penditure			
Futou Curand Tatal of Funca					PAGE TOTAL			
nter Grand Total of Expenditures on Page 1, Report Cover Page, Item I						\$	0.00	